## L12000148056

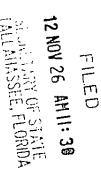
(Red	questor's Name)		
(Address)			
(Add	dress)	_ <del>.</del>	
(City	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to F	Filing Officer:		
		,	

Office Use Only



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(850) 245-6051.

## **COVER LETTÉR**

TO: Registration Security Division of Corp			
SUBJECT: M	TU Properti	ed Liability Company	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all correspo	ndence concerning this matte	er to the following:	
_ M. To	erry Ullmo	Name of Person	
Hec	althpoint M	1001001 Group	)
12234	Ranama City 1	Bach Pkyy, S.	uite C
Pan	ama City Ba	OCh, FL 32407 y/State and Zip Code	
	<u> </u>	renport and a	com
For further information co	oncerning this matter, please	or future armual report notification)	
Nicole Bu	nCh Person	at ( <u>X50</u> ) <u>233- 2</u> Area Code & Daytime Telep	303 hone Number
Enclosed is a check for	the following amount:		
	130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:		
(Must end with the words "Limited Liability	tics, LLC. ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
12234 Panama City Boach Pkwy Suite C Panama City Boach, Fl 32407	12234 Ponama City Broch Pkwy Suite C Panama City Broch, FL 32407	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:		
Martha Pruess		
Name	N 26 MAN SSEED IN ST	
HOW INISTERIA ST.  Florida street address (P.O. Box NOT acceptable)		
Panama City Bec	100 30407 (10, and Zip	
liability company at the place designated in the registered agent and agree to act in this capacall statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S	

(CONTINUED)

Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	M. Terry Ullmonn 12234 Porama City Beach Plwy, Suite C Panama City Brach, FL 32407
(Use attachment if necessary)	ALL LANGER (OPTIONAL)
(If an effective date is listed, the date material prior to or 90 days after the date of filing	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days .)
REQUIRED SIGNATURE:  Signature of a me	nber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document.
constitutes an affirmation un I am aware that any false in constitutes a third degree fe	608.408(3), Florida Statutes, the execution of this document and the penalties of perjury that the facts stated herein are true; formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)  Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)